

Today's date: \_\_\_\_\_

INTAKE INFORMATION: Adult

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Billing address, if different from above \_\_\_\_\_

\_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Can confidential messages be left at any of these phone numbers?

(Check if yes) Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Occupation \_\_\_\_\_ Employer (if employed) \_\_\_\_\_

Education (high school, college, professional, trade) \_\_\_\_\_

Marital status \_\_\_\_\_ If married, # years \_\_\_\_\_ If divorced, # years \_\_\_\_\_

Spouse/partner \_\_\_\_\_

Children? (how many & what age) \_\_\_\_\_

Emergency contact person (if other than spouse/partner) phone#:

\_\_\_\_\_

Do I have your permission to contact this person in an emergency?

Yes \_\_\_\_\_ No \_\_\_\_\_

Referred by \_\_\_\_\_